| DATENT ADDI LO STICLE COMPANIENTE | | | | Application or Docket Number | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------|----------------------------------------------|------------------------------|------|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 | | | | 09881785 | | | |
| | | 10 /08/ /80 | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY | | | | |
| TOTAL CLAIMS | 29 | | RAT | FEE | 7 | RATE | FEE |
| FOR | NUMBER FILED | NUMBER EXTRA | BASIC | 355.00 | OR | BASIC FEE | 710.00 |
| TOTAL CHARGEABLE CLAIMS | minus 20= | • 9 | X\$ 9 | - | OR | X\$18= | 162 |
| INDEPENDENT CLAIMS | minus 3 = | \cdot \circ | X40 | | QR. | X80= | 160 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | + | 1 | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | +135 | | OR | +270= | 1033 |
| CLAIMS AS AMENDED - PART II OTAL OTHER THA | | | | | | - 72 | |
| (Column 1) (Column 2) (Column 3) | | | | L ENTITY | OR | SMALL | |
| CAME REMARKING APTER AMENDMENT Total Undependent Total Tota | High NRAM PREVIO PAID | BER PRESENT RUSLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total . 29 | Minus | 9. | X\$ 9 | . / | ОЯ | X\$18= | |
| FIRST PRESENTATION OF M | Minus | 5 - | X40- | 1 | OR | X80= | |
| | | | +135= | .1 | OF | +270= | |
| 4-7-05 | | | TOT | | | YOYAL | |
| (Column 1) (Column 2) (Column 3) | | | | | | | |
| CLAIMS REMAINING AFTER AMENDMENT Total Independent 5 | HIGH NUMB PREVIO PAIO P | NEA PRESENT USLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total · 29 | Minus 2 | 9 - / | X\$ 9- | | OR | X\$18= |) |
| FIRST PRESENTATION OF MI | Minus S | 5 - / | X40= | 1/ | OR | X80= | |
| | CIW LE DEPERDENT | COUM [] | +135- | 1/ | OR | +270= | |
| 1-10-06 | | | TOY/ | | OR | YOTAL NOOIT, FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | |
| REMAINING AFTER | HIGHE NUMB PREVIOU PAID P | ER PRESENT USLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Minus 29 | . / | X\$ 9= | | OR | X\$18= | |
| FIRST PRESENTATION OF ME | Minus C | | X40= | | OR | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X40=+135= | | | | | | | \dashv |
| If the entry in column 1 is tess than the entry in column 2, write 'V' in column 3. If the "Highest Number Presents Part For Its Than coace is been a second as Indian | | | | | OR (| +270= TOTAL | |
| The "Highest Number Previously Paid For" He THIS SPACE is less than 3, enter "3." ADDIT. FEE | | | | | | | |
| PRIM PTO 475 | | | | | | | |